

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Woodard Rita 1. Office, Agency, or Court Agency Name (Do not use acronyms) **Tulare County** Division, Board, Department, District, if applicable Your Position Auditor-Controller/Treasurer/Tax Collector/Registrar of Voters Auditor-Controller/Treasurer/Tax Collector/Registrar ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronvms) Agency: See attachment Position: See attachment 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of Tulare Multi-County \_\_\_\_\_ City of \_\_\_\_ Other \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2014, through December 31, 2014. (Check one) or-O The period covered is January 1, 2014, through the date of The period covered is \_\_\_\_/\_\_\_/ leaving office. December 31, 2014. Assuming Office: Date assumed 01 , 05 , O The period covered is \_\_\_\_\_\_, through the date of leaving office. 2014 ✓ Candidate: Election year \_ and office sought, if different than Part 1: \_\_\_\_ 4. Schedule Summary ▶ Total number of pages including this cover page: \_\_\_\_\_ Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached ☐ Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 93291 221 S. Mooney Blvd. Room 101-E Visalia CA DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (559) 636-5200 rwoodard@co.tulare.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/13/2015 Signature (month, day, year) (File the originally signed statement with your filing official.)

Date: 2/11/2015 Period: Jan 1, 2014 through December 31, 2014

1) AGENCY:	POSITION:	FILE WITH:
Tulare County Auditor-Controller/Treasurer-Tax Collector/Registrar of Voters	Tulare County Auditor-Controller/Treasurer-Tax Collector/Registrar of Voters	Clerk BOS, Elections
Tulare County Treasury Oversight Committee	Committee Member - Auditor	Clerk BOS, Elections, ATR Secretary
Tulare County Defined Contribution Plan	Plan Administrator, Committee Member	Clerk BOS, Secretary DC Plan
Tulare County Financial Advisory Committee	Committee Member - Auditor	CAO Secretary
Tulare County Board of Retirement	Trustee - Treasurer	TCERA
Tulare County Public Facilities Corporation	Board Member	Clerk BOS, CAO Secretary
Tulare County Auditor-Controller/Treasurer/Tax Collector	Elected Official	Elections, FPPC
Candidate, June 3, 2014 Election - Tulare County Auditor-Controller/Treasurer/Tax Collector	Candidate	Elections, FPPC

Paris Carry

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Filed Date: 02/05/2016 04:36 PM SAN: 101500116-STH-0116

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NAME OF FILER (LAS	T) (F	IRST)			(MIDDLE)
Woodard		Rita			
1. Office, Agen	cy, or Court				
	Do not use acronyms)				
County of Tu	• •				
	Department, District, if applicable		Your Position		
Auditor-Conf	troller/Treasurer-Tax Collector/Reg	istrar of Vo	ters Auditor-Controller		
	ultiple positions, list below or on an attachmen				
Agency: SEE	ATTACHED LIST		_ Position:		
2. Jurisdiction	of Office (Check at least one box)				
State			☐ Judge or Court Commi	ssioner (Sta	atewide Jurisdiction)
☐ Multi-County			✓ County of Tulare		
_			-		
3. Type of Sta	tement (Check at least one box)				
De	ne period covered is January 1, 2015, through ecember 31, 2015.		Leaving Office: Date (Check one)	Left	J
	ne period covered is	, through	<ul><li>The period covere leaving office.</li><li>-or-</li></ul>	d is January	, 1, 2015, through the date of
Assuming C	Office: Date assumed		<ul> <li>The period covere the date of leaving</li> </ul>		t, through
Candidate:	Election year and of	fice sought, if o	different than Part 1:		
4. Schedule S	ummary (must complete) ► Tot	al number	of pages including this	cover na	3 · · · · · · · · · · · · · · · · · · ·
Schedules	• • •		or pages moraling and	oovo, pu	<b>,</b>
☐ Schedule	e A-1 - Investments - schedule attached	Г	Schedule C - Income, Loans,	& Business	Positions – schedule attached
_	e A-2 - Investments – schedule attached	<u> </u>	Schedule D - Income - Gifts		
	B - Real Property - schedule attached		] <b>Schedule E -</b> Income – Gifts -		
-or-					
□ None - N	lo reportable interests on any schedul	'e			
5. Verification					
MAILING ADDRESS (Business or Agency	STREET Address Recommended - Public Document)	CITY	S	TATE	ZIP CODE
221 S. Mooi	noy Bivai, recent for E	′isalia		CA	93291
DAYTIME TELEPHOI			E-MAIL ADDRESS		
( 559 ) 636		I hava raviav	und this statement and to the he	at of my line	nuladas the information contained
herein and in any	easonable diligence in preparing this statement y attached schedules is true and complete. I	acknowledge t	his is a public document.	•	-
I certify under p	penalty of perjury under the laws of the Sta	te of Californ	ia that the foregoing is true a	nd correct.	
Date Signed	02/05/2016 04:36 PM	Sid	gnatureEle	ectronic S	Submission
<b></b>	(month, day, year)	<b>.</b> ,	J		ent with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE EXPANDED STATEMENT LIST

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Rita Woodard

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor- Controller/Registrar of Voters	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer/Tax-Collector	County of Tulare	Annual	01/01/15 - 12/31/15

### SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Rita Woodard

Great-West Life & Insurance Company  ADDRESS (Business Address Acceptable)	_
	-
0545 Feet Onebend Deed One	ADDRESS (Business Address Acceptable)
8515 East Orchard Road, Greenwood Village, CO 8011	1
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retirement record keepping services	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  dinner & entertainment @ annual NAGDCA Conference	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S
	_
	_
NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S
\$	_
	_
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
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Please type or print in ink.

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Filed Date: 02/09/2017 02:14 PM SAN: 101500116-STH-0116

NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)
Woodard		Rita		
1. Office, Ager	ncy, or Court			
Agency Name	(Do not use acronyms)			
County of T	ulare			
Division, Board,	Department, District, if applicable		Your Position	
Auditor-Con	ntroller/Treasurer-Tax Collector		Auditor-Controller	
► If filing for m	ultiple positions, list below or on an attachn	nent. (Do not u	se acronyms)	
Agency: SEE	ATTACHED LIST		Position:	
2. Jurisdiction	n of Office (Check at least one box)			
State			☐ Judge or Court Commissione	r (Statewide Jurisdiction)
── Multi-County			<u> </u>	
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3. Type of Sta	atement (Check at least one box)			
D	he period covered is January 1, 2015, throuecember 31, 2015.	ıgh	Leaving Office: Date Left _ (Check one)	
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Assuming	Office: Date assumed//		<ul><li>-or-</li><li>The period covered is</li><li>the date of leaving office</li></ul>	/
Candidate:	Election year and	l office sought, i		
		Total number	r of pages including this cover	page:3
Schedules	s attached			
☐ Schedu	ile A-1 - Investments – schedule attached	[	Schedule C - Income, Loans, & Bus	siness Positions – schedule attached
☐ Schedu	ıle A-2 - Investments – schedule attached		Schedule D - Income - Gifts - sche	edule attached
☐ Schedu	ile B - Real Property - schedule attached	[	Schedule E - Income – Gifts – Trav	vel Payments – schedule attached
-or-				
	No reportable interests on any sched	dule		
5. Verification				
MAILING ADDRESS (Business or Agency	S STREET y Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	ney Blvd., Room 101-E	Visalia	CA	93291
DAYTIME TELEPHO			E-MAIL ADDRESS	
( 559 ) 63	reasonable diligence in preparing this statem	ent I have rovis	ewad this statement and to the hest of m	by knowledge the information contained
herein and in ar	ny attached schedules is true and complete.	. I acknowledge	e this is a public document.	
I certify under	penalty of perjury under the laws of the	State of Califor	rnia that the foregoing is true and co	rrect.
Date Signed	02/09/2017 02:14 PM	(	SignatureElectron	nic Submission
-	(month. day. year)		_	statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COM	
Name	
Rita Woodard	d

### **EXPANDED STATEMENT LIST**

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor- Controller/Registrar of Voters	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/15 - 12/31/15

## SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
Great West Life & Insurance Con	npany			
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptable	e)
8515 East Orchard Road, Greenwe	ood Village, CO80111			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
Retirement record keeping service	ces			
DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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/ / \$		/ /	\$	
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
MUFG Union Bank, N.A.				
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptable	e)
700 L Street, Suite 400, Sacrame	ento, CA 95814			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOUF	RCE
Banking services				
(	SCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 00 45 457 22	ner @ annual CACTTC  nference	1 1	œ.	
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/			\$	
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/\$			\$	
► NAME OF SOURCE (Not an Acronym)		Filer's Verifica	ation	
TWINE OF COUNCE (NOT AN MOREIGNIN)				
ADDRESS (Business Address Acceptable)		Print Name Rita V	Voodard	
		Office, Agency Co	ounty of Tulare	
BUSINESS ACTIVITY, IF ANY, OF SOURCE		or Court	diffy of Tulate	
		Statement Type	<b>≰</b> 2015/2016 Annu	al Assuming Leaving
DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)		Annual	Candidate
, , , , , , , , , , , , , , , , , , , ,	( )	I have used all reason		preparing this statement. I have
		reviewed this statem	ent and to the best	of my knowledge the information
			•	schedules is true and complete.
\$		I certify under per California that the		nder the laws of the State of and correct.
/\$		Date Signed	02/09/20	017 02:14 PM
			(month	n, day, year)
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Comments:

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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riease type or print	III IIIK.			
NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)
Woodard		Rita		
1. Office, Agen	ncy, or Court			
Agency Name (	(Do not use acronyms)			
County of Tu	• /			
Division, Board,	Department, District, if applicable		Your Position	
Auditor-Con	troller/Treasurer-Tax Collector/R	egistrar of V	oters Auditor-Controller	
► If filing for mu	ultiple positions, list below or on an attachr	nent. (Do not u	se acronyms)	
-		,	,	
Agency: SEE	ATTACHED LIST		Position:	
2. Jurisdiction	of Office (Check at least one box)			
State			☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
☐ Multi-County			✓ County of Tulare	
City of			Other	
<ol><li>Type of Sta</li></ol>	tement (Check at least one box)			
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-or-	ecember 31, 2015.		(Check one)	4 0045 # 1 # 1 # 6
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Assuming (	Office: Date assumed//		<ul> <li>Or-</li> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	_/, through
Candidate:	Election year and	d office sought, i	f different than Part 1:	
Schedule S	ummary (must complete)	Total numba	r of pages including this cover pages	age: 3
Schedules	• , , ,	rotar numbe	or pages including this cover po	aye
☐ Schedu	le A-1 - Investments – schedule attached	[	Schedule C - Income, Loans, & Busine	ess Positions - schedule attached
Schedu	le A-2 - Investments – schedule attached	[	✓ Schedule D - Income – Gifts – schedu	le attached
☐ Schedu	le B - Real Property - schedule attached	[	Schedule E - Income - Gifts - Travel I	Payments – schedule attached
-or-				
□ None - ∧	lo reportable interests on any sche	dule		
5. Verification				
MAILING ADDRESS (Business or Agency	STREET Address Recommended - Public Document)	CITY	STATE	ZIP CODE
221 S. Moo	ney Blvd., Room 101-E	Visalia	CA	93291
DAYTIME TELEPHO			E-MAIL ADDRESS	
( 559 ) 630				
	easonable diligence in preparing this statem by attached schedules is true and complete		ewed this statement and to the best of my kee this is a public document.	nowledge the information contained
l certify under p	penalty of perjury under the laws of the	State of Califo	rnia that the foregoing is true and correc	et.
Date Signed	03/15/2016 02:46 PM	;	Signature Electronic	Submission
	(month, day, year)		(File the originally signed state	ment with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE EXPANDED STATEMENT LIST

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Rita Woodard

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor- Controller/Registrar of Voters	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer/Tax-Collector	County of Tulare	Annual	01/01/15 - 12/31/15

## SCHEDULE D Income – Gifts

NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
Great-West Life & Insurance	Company			
ADDRESS (Business Address Acceptable	e)	ADDRESS (Busines	s Address Acceptabl	e)
8515 East Orchard Road, Gree	enwood Village, CO 80111			
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
Retirement record keeping se	ervices			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 , 30 , 15</u>	dinner & entertainment @ annual NAGDCA conference		\$	
/ \$			\$	
/\$			\$	
NAME OF COURCE (Not on Agree)	_	NAME OF SOURCE	(Mat an Assaulma)	
NAME OF SOURCE (Not an Acronym)		NAME OF SOURCE	E (NOL an Acronym)	
MUFG Union Bank, N.A.  ADDRESS (Business Address Acceptable)		ADDRESS (Business	s Address Acceptabl	
·		ADDRESS (Busines	s Address Acceptabl	θ)
700 L Street, Suite 400, Sacr		DUOINESS ACTIVIT	Y, IF ANY, OF SOU	205
	(CE	BUSINESS ACTIVIT	T, IF ANT, OF SOUR	NOE
Banking services  DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
DATE (IIIII/dd/yy) VALOE	dinner @ CACTTC	DATE (min/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06,09,15 \$ 157.22	conference		\$	
/\$			\$	
/\$			\$	
NAME OF SOURCE (Not an Acronym)		Filer's Verific		
ADDRESS (Business Address Acceptable		Print Name Rita V	Voodard	
ADDINESS (Business Address Acceptable	7)	Office, Agency or Court		
BUSINESS ACTIVITY, IF ANY, OF SOUR		or Court	dilly of Tulare	
		Statement Type	<b>7</b> 2015/2016 Annu ☐ Annual	al Assuming Leaving Candidate
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		— (yr)	<del>_</del>
\$		reviewed this statem	ent and to the best	preparing this statement. I have of my knowledge the information schedules is true and complete.
\$		I certify under per California that the		nder the laws of the State of and correct.
/\$		Date Signed		016 02:46 PM h, day, year)
		Filer's Signature _	Electro	onic Submission
Comments				

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Filed Date: 02/13/2017 03:31 PM SAN: 101500116-STH-0116

Please type or print in ink.		L	3, 11. 101000110 0111 0110
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Woodard	Rita		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
County of Tulare			
Division, Board, Department, District, if applicable		Your Position	
Auditor-Controller/Treasurer-Tax Collector		Auditor-Controller	
▶ If filing for multiple positions, list below or on an attack	hment. (Do not use ad	cronyms)	
Agency: SEE ATTACHED LIST		Position:	
2. Jurisdiction of Office (Check at least one box,	)		
State		☐ Judge or Court Commis	ssioner (Statewide Jurisdiction)
Multi-County		County of Tulare	
City of		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2016, thr December 31, 2016.	rough	Leaving Office: Date (Check one)	Left/
The period covered is/	, through	<ul><li>The period covered leaving office.</li><li>-or-</li></ul>	is January 1, 2016, through the date of
Assuming Office: Date assumed//		<ul> <li>The period covered the date of leaving</li> </ul>	is/, through office.
Candidate: Election year a	nd office sought, if diffe	erent than Part 1:	
4. Schedule Summary (must complete)	· Total number of	pages including this c	over page:2
Schedules attached		-	-
Schedule A-1 - Investments – schedule attached	□s	chedule C - Income. Loans. &	& Business Positions – schedule attached
☐ Schedule A-2 - Investments — schedule attached	_	chedule D - Income – Gifts –	
☐ Schedule B - Real Property – schedule attached	<u>=</u>		Travel Payments - schedule attached
-or-			
▼ None - No reportable interests on any sch	nedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	ATE ZIP CODE
221 S. Mooney Blvd., Room 101-E	Visalia		A 93291
DAYTIME TELEPHONE NUMBER	E-1	MAIL ADDRESS	
( 559 ) 636-5200  I have used all reasonable diligence in preparing this state	ement. I have reviewed	I this statement and to the hes	st of my knowledge the information contained
herein and in any attached schedules is true and comple	te. I acknowledge this	is a public document.	•
I certify under penalty of perjury under the laws of th	e State of California	that the foregoing is true an	nd correct.
Date Signed02/13/2017 03:31 PM	_ Siana	atureElec	ctronic Submission
(month, day, year)	- · <b>3</b> · · ·		signed statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COM	
Name	
Rita Woodard	<u></u>

### **EXPANDED STATEMENT LIST**

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
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County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/16 - 12/31/16
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer/Tax-Collector	County of Tulare	Annual	01/01/16 - 12/31/16



Woodard Rita

Auditor-Controller

Auditor-Controller/Treasurer-Tax Collector

County of Tulare

Form: 700-L Leaving Office - Statement of Economic Interests

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERES COVER PAGE

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) BOARD OF SUPERVISORS Woodard Rita 1. Office, Agency, or Court Agency Name (Do not use acronyms) Tulare County Auditor-Controller-Treasurer-Tax Collector Auditor-Controller-Treasurer-Tax Collector Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: See attachment 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) □ County of Tulare ☐ Multi-County \_\_\_ City of \_\_\_ Other \_ 3. Type of Statement (Check at least one box) ■ Leaving Office: Date Left 10 , 06 , 2017 Annual: The period covered is January 1, 2016, through December 31, 2016. (Check one) The period covered is \_\_\_\_\_\_\_, through O The period covered is January 1, 2016, through the date of December 31, 2016. leaving office. Assuming Office: Date assumed \_\_\_\_ O The period covered is \_\_ the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: . Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 221 S. Mooney Blvd. Room 101-E Visalia CA 93291 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS 559 ) 636-5200 rwoodard@co.tulare.ca.us I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 10/02/2017 Date Signed\_ Signature. (month, day, year)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

California Form 700 Name: Rita Woodard

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	type of statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor-Controller	County of Tulare	Leaving	01/01/17-10/06/17
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Leaving	01/01/17-10/06/17
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer-Tax Collector	County of Tulare	Leaving	01/01/17-10/06/17